



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
LOCKSMITH LICENSING PROGRAM
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-0570
615.532.3369 FAX 615.532.2965
www.tn.gov/commerce/boards

LOCKSMITH LICENSING PROGRAM EDUCATION PROVIDER APPLICATION

EDUCATION PROVIDER INFORMATION: AGENCY SPONSORING COURSE(S) FOR APPROVAL

Company/Agency Name Website

Mailing Address

City, State Zip Code

Area Code & Phone Number Area Code & Fax Number

Contact Person/Official Title Email Address

Name and location of Training Facility where courses are to be offered

Instructor Name (Attach a resume detailing the instructor's qualifications)

Instructor Name (Attach a resume detailing the instructor's qualifications)

Instructor Name (Attach a resume detailing the instructor's qualifications)

Instructor Name (Attach a resume detailing the instructor's qualifications)

Instructor Name (Attach a resume detailing the instructor's qualifications)

Program Use Only:
Date Reviewed: _____ Approved: Yes _____ No _____
Commissioner Comments: _____

Instructor Number: _____ Approval Exp Date: _____